PRINTED: 09/12/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIENE_	CONSTRUCTION	(X3) DATE COMPL	
		49G063	B WING_		09/0	7/2018
	ROVIDER OR SUPPLIER OS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	538	(X5) COMPLETION DATE
E 000	Initial Comments		ΕC	000		
E 004	survey was conducte 09/07/18. Corrections compliance with 42 C Condition of Participa Care Facilities for Ind Disabilities. No comp during the survey. Develop EP Plan, Re Annually CFR(s): 48:  [The [facility] must correquirements. The [facility] must correquirements. The [facility] must correquirements of this set.  * [For hospitals at §48 §485.625(a):] The [howith all applicable Fedemergency prepared [hospital or CAH] must comprehensive emergency prepared [hospital or CAH] must be [implements:]  (a) Emergency Plan, and maintain an emergency prepared [hospital or CAH] must be [reviewed annually.]	s are required for CFR Part 483.73, 483.475, ation for Intermediate lividuals with Intellectual laints were investigated eview and Update 3.475(a) imply with all applicable call emergency preparedness cility] must develop establish ehensive emergency in that meets the ection.]  12.15 and CAHs at espital or CAH] must comply deral, State, and local ness requirements. The st develop and maintain a gency preparedness he requirements of this laredness program must nited to, the following  The [facility] must develop regency preparedness plan d], and updated at least at §494.62(a):] Emergency	JRE /	An all Hazardous Risk Assessme completed as stated in Emergence Preparedness Plan; however, a risassessment and associated strateg were not completed on January storm. The Emergency was revie and revised on 9/19/18. The emergency enduct a risk analysis with associated strategies on any event causing disruption or has the potential to disruption in the normal operation services of Highlands Place. The Emergency Plan will be reviewed updated in accordance with the rianalysis of each event." A risk and associated strategies were conducted on September 2018 Hurricane / Tropical Storm result the update of Emergency Plan on 9/17/18. Staff will be trained on updates by 10/05/18.  AOC Date – 10/15/18	sk dies dies dies dies dies dies dies dies	SEP 2 5 2018  VDH/OLC
LABORATORY)	ZINECTON'S ON PHOVIDENT	he	Prog		વાટ	CLL8

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 09/12/2018 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDIC	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G063	B WING		09/07/2018
	ROVIDER OR SUPPLIER DS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320	
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
	must be [evaluated], annually. This STANDARD is in Based on record reviet facility staff failed to he facility's risk assessment and strategies.  The findings included During an interview of with the Program Man Residential Service Defor documentation for assessment and strategies and strategies are facilities Emergency from the facility had not confuse the facility-based and confuse the facility based and confuse the facility	cy preparedness plan that and updated at least solution of the sew and staff interview, the save documentation of the sent and associated :  In 09/06/18 at 10:10 A.M. mager and the Intellectual birector they were asked the facility based risk segies for addressing the Program Plan which January snow storm. The al Service Director stated, inducted a risk analysis of am Plan. Plan Based on sessment CFR(s):  The [facility] must develop gency preparedness plan I, and updated at least ust do the following:]	EOC		ess and oleted sed
	hazards approach, inc	luding missing residents.		disruption in the normal operation services of Highlands Place.	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:T73I11

Facility ID: VAICFID71

If continuation sheet Page 2 of 21

SEP 2 5 2018 VDH/OLC

PRINTED: 09/12/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A BUDY	CONSTRUCTION	1983	SURVEY LETED	
		49G063	B WING		09/0	7/2018
	ROVIDER OR SUPPLIER  OS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	535 may	(X5) COMPLETION DATE
E 006	on and include a docucommunity-based risk all-hazards approach.  (2) Include strategies events identified by the * [For Hospices at §4* strategies for address identified by the risk a management of the confailures, natural disast that would affect the hocare.  This STANDARD is in Based on record review.	8.475(a)(1):] (1) Be based umented, facility-based and a assessment, utilizing an including missing clients.  for addressing emergency are risk assessment.  [8.113(a)(2):] (2) Include ing emergency events assessment, including the consequences of power ters, and other emergencies applies a bility to provide to the met as evidenced by: ew and staff interview, the ave documentation of the	E 00	The Emergency Plan will be reviewed and updated in accordance with the analysis of each event." A risk at and associated strategies were conducted on September 2018 Hurricane / Tropical Storm result the update of Emergency Plan on 9/17/18. Staff will be trained on updates by 10/05/18.  AOC Date – 10/15/18	he risk nalysis ing in	
E 007	interview with the Pro- Intellectual Residentia asked for documentat assessment and strate emergency events ideassessment. The Inte Director stated, the fa- identified any strategic The facility staff failed	n 09/06/18 at 10: 15 A.M. gram Manager and al Service Director they were ion for the facility based risk egies for addressing entified by the risk flectual Residential Service cility had not conducted nor es.  I document strategies for by events identified by the	E 00	Highlands Place Emergency Preparedness Plan identified the paffected by the plan, delegation of authority and services provided d	f	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLEN:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G063	B WING_		09/07/2018		
NAME OF P	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP			
HIGHLAND	OS PLACE WEST			CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE DATE		
			100-000 FM	an emergency; however, a detaile	d		
E 007	Continued From page	3	E 0	07description of population at risk,	1		
1	// ) E	These Property and the second of the second of the second		specific needs required by at risk	Ĭ		
		The [facility] must develop		population and a description of			
		rgency preparedness plan I, and updated at least		Essential Staff required to work d	luring		
	annually. The plan mu			emergency were not identified in	the		
			1	plan. The Emergency Preparedne	ess		
	(3) Address patient/cl	ent population, including,	ĺ	Plan was reviewed and updated o			
		sons at-risk; the type of	9/19/18. Section labeled Person				
		as the ability to provide in	Affected was updated to include "				
X		ontinuity of operations,		Highlands Place serves Individua			
	including delegations succession plans.**	or authority and			Model .		
	succession plans.			are severe to profound Intellectua	- 50 I		
	*Note: ["Persons at ris	sk" does not apply to:		Disable with severe speech impai	rments		
		HHA, CORF, CMCH,		and limited physical mobility.			
	RHC, FQHC, or ESR			Highlands Place identifies individ			
	This STANDARD is n	ot met as evidenced by:		needing additional assistance as the	hose		
	<ul> <li>*** A STATE OF THE PROPERTY OF TH</li></ul>	ew and staff interview the		who PCP denotes a two person su	ipport.		
		ave documentation of the		Staff will physically support indiv			
		ation that would be at risk		with severely limited mobility (no			
		and the strategies the o address their needs.		ambulatory) while providing verb			
		to have written delegation		gestural support to ambulatory			
Į		he facility plan to continue	E	individuals on point of exit from			
1	to operate during an e		VI.	building. Adaptive equipment			
	,				-1 - 1 - N		
	The findings included	:		(wheelchairs, gait belts, mobility	ACCOUNTS AND ADDRESS OF THE PROPERTY OF THE PR		
		Mathematical land anticological as along	10.0	will be utilized to support transpo	rting		
		09/06/18 at 10:25 A.M.		out of building and providing			
		ager and the Intellectual rector, they were asked for		continuation of services. In addit			
		dividuals in the facility had		adaptive equipment listed in each			
		ere at risk and the types of		individuals' PCP will be made av	ailable		
		facility staff stated, they		for continuation of services. Staff	will		
1		iduals based on their risk		be trained on updates by 10/05/18	j.		
	nor had services been	identified.		To appear of to obtain	95 		
1				AOC Date - 10/15/18			
ļ	The facility staff failed				20 0 0 1		
ĺ	risk individual's during	i an emergency.	*				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUDN:	CONSTRUCTION		SURVEY LETED
		49G063	B WING		09/0	07/2018
	ROVIDER OR SUPPLIER  OS PLACE WEST		c	TREET ADDRESS, CITY, STATE, ZIP ODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	Contract of the contract of th	(X5) COMPLETION DATE
E 013	develop and implement policies and procedure plan set forth in paragrand the communication this section. The policing reviewed and updated "Additional Requirer ESRD Facilities:  *[For PACE at §460.8 procedures. The PAC and implement emergand procedures, baseforth in paragraph (a) assessment at paragrand the communication this section. The policing address management emergencies, including equipment, power, or emergencies; and nate threaten the health or staff, or the public. The must be reviewed and "[For ESRD Facilities procedures. The dialy implement emergency procedures, based or forth in paragraph (a) assessment at paragrand the communication this section. The policing and the communication this section. The policing assessment at paragrand the communication this section. The policing assessment at paragrand the communication this section. The policing assessment at paragrand the communication that the policing assessment at paragrand the communication.	dures. [Facilities] must ant emergency preparedness es, based on the emergency raph (a) of this section, risk aph (a)(1) of this section, on plan at paragraph (c) of ies and procedures must be d at least annually.  ments for PACE and  4(b):] Policies and E organization must develop ency preparedness policies d on the emergency plan set of this section, risk aph (a)(1) of this section, on plan at paragraph (c) of ies and procedures must of medical and nonmedical g, but not limited to: Fire; water failure; care-related ural disasters likely to safety of the participants, e policies and procedures I updated at least annually.  at §494.62(b):] Policies and by preparedness policies and of the emergency plan set		Annex C-Communication of the Emergency was not updated to incall methods utilized by Highlands to communicate and coordinate cawith emergency management serve Annex C—Communication of the Emergency Plan was reviewed an updated on 9/19/18. The plan state "Highlands Place will follow procedures of the Chesapeake Integrated Behavioral Healthcare dissemination of information by etelephone, fax, intranet posting, ir mailing, Chesapeake Alert System Facebook, City Employee Alert Helevision, radio broadcasting and satellite radio with two way radio communications with Emergency Operation Center (EOC) for Chesapeake for periodic reports of status on Highlands Place." The communication plan was updated include use of panic button as mocommunication. The plan states "Highlands Plane has a panic alar system that provides a quick way alert emergency personnel. If emergency occurs, staff will pressipanic button to activate emergency services. All staff at the beginning shift will check out a panic button will return it at end of shift. Panic button is a wireless system with the SVDC lithium batteries.	Place are vices.  d tes  for the mail, aternal and tes  f to de of  m to  s the y g of and c	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:T73I11

Facility ID: VAICFID71

If continuation sheet Page 6 of 21 PRINTED: 09/12/2018

RECEIVED SEP 2 5 2018 VDH/OLC

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLICNC_	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G063	B WING_		09/07/2018
	ROVIDER OR SUPPLIER DS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
E 013	E 013 Continued From page 5 emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area. This STANDARD is not met as evidenced by: Based on record review and staff interview the facility staff failed review and update the communication plan.  During an interview on 09/06/18 at 10:35 A.M. with the Program Manager and the Intellectual Residential Service Director they were asked for documentation that the facility's communication plan had been reviewed and updated. The Residential Service Director stated, the communication plan had not been updated.  The facility staff failed to review and update		E	Panic button will be tested quart 213ensure functioning properly." A communication plan was update include tracking system and occ Staff will be trained on updates 10/05/18.  AOC Date – 10/15/18	also, ed to upancy.
E 015	develop and impleme policies and procedur plan set forth in paragassessment at paragiand the communication this section. The policies address the following.  (1) The provision of stand patients whether place, include, but are	edures. [Facilities] must nt emergency preparedness es, based on the emergency graph (a) of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of ies and procedures must be d at least annually.] At a	E	Highlands Place emergency plan hotel accommodations will be unwhen sheltering outside of facilithowever, no written agreement accommodations has been secured Program Supervisor will work when Director of Administration Servisecure a written RFP for hotel accommodation when sheltering of facility. If emergency situation occurs prior to final approval of Highlands Place will utilize the agreement for hotel accommodation with Holid	tilized ty."; for hotel ed. The with the ices to goutside on RFP, informal utions

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDNS	CONSTRUCTION		E SURVEY PLETED
		49G063	B WING		09/	07/2018
	ROVIDER OR SUPPLIER  OS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
				Express in Ashland. Va., Embass	y	
E 015	Continued From page	e 6	E 01	5Suites, Inc. and Delta in Chesapea	ake.	
	the following:	s of energy to maintain		Va.	33	
	and safety and for the of provisions. (B) Emergency light			AOC Date-10/15/18		
	(C) Fire detection,	extinguishing, and				
	alarm systems. (D) Sewage and w	aste disposal.				
	(6) The following are hospice-operated inport The policies and proof following: (iii) The provision of shospice employees a evacuate or shelter in not limited to the following: (A) Food, water, mosupplies. (B) Alternate source the following: (1) Tempatient health and safe	olicies and procedures. additional requirements for atient care facilities only. redures must address the subsistence needs for and patients, whether they a place, include, but are wing: redical, and pharmaceutical res of energy to maintain reperatures to protect fety and for the safe and				
	and alarm systems.	ighting. detection, extinguishing,		I		
	Based on record revie facility staff failed to p	aste disposal. ot met as evidenced by: ew and staff interview, the rovide documentation for nce when evacuating to a				
8	The findings included	<u>:</u>				

FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLICNS	CONSTRUCTION	The second of the second of the second	SURVEY PLETED
		49G063	B WING_		09/	07/2018
	NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 015	Continued From page	7	E 0	15		
€ 018	with the Program Man Residential Service Didocumentation that the with hotels in the ever Program Manager and Service Director states securing hotel contract staff stated, the facility agreement for hotel act agreement for hotel act agreement for hotel act subsistence needs. Procedures for Tracki Patients CFR(s): 483.  [(b) Policies and procedure plan set forth in paragram and the communication this section. The policies and updated minimum, the policies address the following:  (2) A system to track the and sheltered patients an emergency. If on-dipatients are relocated [facility] must documer location of the receiving the system of the system of the system of the receiving the system of the s	d the Intellectual Residential di they were working on the with various vendors. The redid not have a written ecommodations.  Ito have a written ecommodations including and of Staff and 475(b)(2)  Indures. The [facilities] must at emergency preparedness es, based on the emergency raph (a) of this section, risk aph (a)(1) of this section, n plan at paragraph (c) of es and procedures must be at least annually.] At a and procedures must the location of on-duty staff in the [facility's] care during	E O	Highlands Place Emergency Plan included a tracking form for listin location of staff and Individuals be during and after an emergency even however, the emergency plan not describe the process of utilization form. The Emergency Prepared Plan of Highlands Place was revie and updated on 9/19/18. The plan "Tracking Form (attachment C3) initiated at onset of emergency even upon the closing of City of Chesap or the activation of Emergency Operation Center (EOC). The Tracking Form will include documentation Individuals and on-duty staff local before, during and after emergence event as well as the notification of	of the ess ewed a states will be ent peake acking of attions y	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:T73I11

Facility ID: VAICFID71

If continuation sheet Page 9 of 21 PRINTED: 09/12/2018

RECEIVED SEP 2 5 2018 VDH/OLC

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUDIC CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G063	B WING	09/07/2018
	ROVIDER OR SUPPLIER  DS PLACE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE COMPLETION
E 018	Policies and procedure location of on-duty state [PRTF's, LTC, ICF and after an emergency sheltered residents are emergency, the [PRTF must document the spithe receiving facility or *[For Inpatient Hospica Policies and procedure (ii) Safe evacuation from the spithe receiving facility or includes consideration needs of evacuees; stransportation; identification(s) and primar of communication with assistance.  (v) A system to track the employees' on-duty and hospice's care during duty employees or short relocated during the emust document the spithe receiving facility of the receiving facility of the emust document the spithe receiving facilities; transpevacuation location(s) means of communication fassistance.  *[For OPOs at § 486.33 procedures. (2) A systematical designation of the spither receiving facilities; transpevacuation location(s) means of communication fassistance.	es. (2) A system to track the ff and sheltered residents in //ID or PACE] care during by. If on-duty staff and exelocated during the est. LTC, ICF/IID or PACE] ecific name and location of other location.  The at §418.113(b)(6):]  The second the hospice, which is of care and treatment aff responsibilities; cation of evacuation y and alternate means in external sources of the location of hospice and sheltered patients in the an emergency. If the on-eltered patients are mergency, the hospice ecific name and location of the other location.  The second treatment is the on-eltered patients are mergency, the hospice ecific name and location of the other location.  The second treatment is the on-eltered patients are mergency, the hospice ecific name and location of the other location.  The second treatment is the on-eltered patients are mergency, the hospice ecific name and location of the other location.  The second treatment is the other location of the other	Authorized Representative / E 018 Guardian, staff, Emergency Center, DBHDS, Emergency Agencies and American Rec Southeastern Virginia. The form will be updated with e of location. In accordance with Highlands Place Policies an Procedures, an identification be placed on the individual pocket, pant pocket or any geonsisting of pockets whene individual exits the facility. be trained on updates by 10/4 AOC Date – 10/15/18	Operation  Ey Response  d Cross of  tracking  each change  with  id  n card will  via shirt  garment  ever  "Staff will

FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDN:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
70		49G063	B WING		09/07/2018
	ROVIDER OR SUPPLIER DS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
E 018	potential and actual disecures and maintain  *[For ESRD at § 494.6 procedures. (2) Safe of facility, which includes needs of the patients. This STANDARD is not be actually staff failed to how the Emergency Prepared. The findings included.  During an interview of with the Program Mar Residential Service D.	stects confidentiality of conor information, and is the availability of records.  (2(b):] Policies and evacuation from the dialysis staff responsibilities, and cot met as evidenced by: we and staff interview, the ave documentation of an iness tracking system.	E O		
	emergency. The staff tracking system.  The facility staff failed during an emergency. Development of Comr CFR(s): 483.475(c)  (c) The [facility] must emergency prepared that complies with Fed laws and must be revileast annually. This STANDARD is no Based on record revies	system in the event re relocated during an stated, they did not have a to have a tracking system nunication Plan develop and maintain an less communication plan leral, State and local lewed and updated at of met as evidenced by: we and staff interview, the odate the communication	E 02	Annex C-Communication of the Emergency was not updated to incall methods utilized by Highlands to communicate and coordinate cawith emergency management serv Annex C –Communication of the Emergency Plan was reviewed and updated on 9/19/18. The plan stat Highlands Place will follow proce of the Chesapeake	Place are vices.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:T73J11

Facility ID: VAICFID71

If continuation sheet Page 11 of 21 PRINTED: 09/12/2018



	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDN:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G063	B WING_		09/07/2018
NAME OF P	ROVIDER OR SUPPLIER	101 100		STREET ADDRESS, CITY, STATE, ZIP	03/01/2010
	IN A T IN INC. WEIGH			CODE 1825 ROKEBY AVENUE	
IIGHLAN	DS PLACE WEST			CHESAPEAKE, VA 23320	
(X4) ID		TATEMENT OF DEFICIENCIES	۵i	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLETION
				Integrated Behavioral Healthcare	
E 029	Continued From page		ΕO	29 dissemination of information by 6	email,
	management agencie	S.	8	telephone, fax, intranet posting, in	nternal
				mailing, Chesapeake Alert Syster	
	The findings included	:		Facebook, City Employee Alert I	V(0)(30)
	During an intensions o	- 00/06/10 at 12:10 D M	175	television, radio broadcasting and	
		n 09/06/18 at 12:10 P.M. nager and the Intellectual	i	satellite radio with two way radio	
		irector they were asked for			
	documentation of con			communications with Emergency	
	coordination of care v	vith emergency		Operation Center (EOC) for	
	management agencie	s and services. The staff		Chesapeake for periodic reports of	if
	stated, they had not u			status on Highlands Place." The	
		o include the coordination of		communication plan was updated	to
	care with Emergency	Management Service.	include use of panic button as mode of		
	The facility staff failed	to undate		communication. The plan states	
	the communication pl			"Highlands Plane has a panic alar	m
E 030	Names and Contact I		E O	system that provides a quick way	
	CFR(s): 483.475(c)(1			alert emergency personnel. If	1
	X 2 X 2 X	•		emergency occurs, staff will press	the
	[(c) The [facility, except			panic button to activate emergence	
		d HHAs] must develop			
	and maintain an emer		ļ	services. All staff at the beginnin	
		hat complies with Federal,		shift will check out a panic button	
		and must be reviewed and ally. The communication		will return it at end of shift. Panic	
	plan must include all			button is a wireless system with to	
	plan motor motore and	or the following.]		3VDC lithium batteries. Panic bu	itton
	(1) Names and contact	et information for		will be tested quarterly to ensure	
ļ	the following:		; !	functioning properly." Also,	
	(i) Staff.			communication plan was updated	to
, I	(ii) Entities providing :	services under arrangement.		include tracking system and occup	
1	(iii) Patients' physician	ns		Staff will be trained on updates by	
	(iv) Other [facilities].			10/05/18.	
	(v) Volunteers.			10/03/16.	
	*[For RNHCIs at §403	.748(c):] The			
	communication plan n			AOC Data 10/15/19	
	following:	•		AOC Date – 10/15/18	
2740	***	3			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BLENC_			
		49G063	B WING		09/07/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL ILSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	1
E 030	(1) Names and contathe following: (i) Staff. (ii) Entities providing (iii) Next of kin, guar (iv) Other RNHCls. (v) Volunteers.  *[For ASCs at §416.4] plan must include all of (1) Names and contathe following: (i) Staff. (ii) Entities providing (iii) Patients' physicial (iv) Volunteers.  *[For Hospices at §41 communication plant of following: (1) Names and contathe following: (i) Hospice employed (ii) Entities providing (iii) Patients' physicial (iv) Other hospices.  *[For OPOs at §486.3] plan must include all of (1) Names and contathe following: (i) Staff. (ii) Entities providing (iii) Volunteers. (iv) Other OPOs. (v) Transplant and of OPO's Donation Server This STANDARD is not server.	g services under arrangement. dian, or custodian.  5(c):] The communication of the following: cct information for  g services under arrangement. ans.  18.113(c):] The must include all of the cct information for ees. g services under arrangement. ans.  60(c):] The communication of the following: cct information for	EOX	The Emergency Preparedness Plato Annex C-Communication was up to include coordination of care we emergency management services. Annex C-Communication Plan were viewed and updated on 9/19/18 include an Emergency Directory. plan states "The CIBH's communication resources will be utilized to communicate and coordinate and coordinate with Emergency Manageme Services. Emergency contact information for staff, entities proservices under agreement, Individually primary care physician and facili included in Emergency Directory (attachment C1)." Staff will be on updates by 10/05/18.  AOC Date-10/15/18	odated ith

E 030  Continued From page 12  Iacility staff failed to review and update its Communication Plan to include coordination of care with emergency management agencies.  The findings included:  During an interview on 09/06/18 at 12:28 P.M. with the Program Manager and the Intellectual Residential Service Director they were asked for documentation of the Communication Plan being review and updated. The staff stated, they had not updated there Communication Plan to include the coordination of care with Emergency Management Service.  The facility staff failed to review and update its Communication Plan to include the coordination of care with Emergency Management Service.  E 031  E 031  E 031  E 031  E 031  F 031  Highland Place Emergency Plan did not include an emergency officials contact list. Annex C-Communication Plan was reviewed and updated on 9/19/18 to include an emergency officials contact list. Annex C-Communication Plan was reviewed and updated at least annually. The communication plan must include all of the following:  (i) Federal, State, tibal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDG		(X3) DATE SURVEY COMPLETED	
CODE 1825 ROKERY AVENUE CHESAPEAKE, VA 23320     CHESAPEAKE, VA 23320			49G063	B WING		09/	07/2018
E 030  Continued From page 12 facility staff failed to review and update its Communication Plan to include the coordination of care with emergency management service.  The findings included:  During an interview on 09/06/18 at 12:28 P.M. with the Program Manager and the Intellectual Residential Service Director they were asked for documentation of the Communication Plan to include the coordination of care with Emergency Management Service.  The facility staff failed to review and update its Communication Plan to include the coordination of care with Emergency Management Service.  The facility staff failed to review and update its Communication Plan to include the coordination of care with Emergency Management Service.  The facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:  (i) Contact information for the following: (ii) Contact information for the following: (ii) Contact information for the following: (iii) Contact information for the following: (iv) Cont					CODE 1825 ROKEBY AVENUE		
facility staff failed to review and update its Communication Plan to include coordination of care with emergency management agencies.  The findings included:  During an interview on 09/06/18 at 12:28 P.M. with the Program Manager and the Intellectual Residential Service Director they were asked for documentation of the Communication Plan being review and updated. The staff stated, they had not updated there Communication Plan to include the coordination of care with Emergency Management Service.  The facility staff failed to review and update its Communication Plan.  E 031 Emergency Officials Contact Information CFR(s): 483.475(c)(2)  [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:  (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETION
*[For LTC Facilities at §483.73(c):] (2) Contact information for the following: (i) Federal, State, tribal, regional, or local emergency preparedness staff. (ii) The State Licensing and Certification Agency. (iii) The Office of the State Long-Term Care  primary care physician and neighboring facilities is included in Emergency Directory (attachment C1)." Staff will be trained on updates by 10/05/18.  AOC Date-10/15/18		facility staff failed to re Communication Plant care with emergency of the findings included. The findings included During an interview of with the Program Mar Residential Service Deside documentation of the review and updated. The facility staff failed its Communication Plant Emergency Officials (CFR(s): 483.475(c)(2) [(c) The [facility] must emergency preparedry that complies with Fedand must be reviewed annually.] The communication for the following:  (2) Contact information (i) Federal, State, to local emergency preparedry find the following:  *[For LTC Facilities Contact information for following the state Licensing for local emergency preparedry find the state Licensing for local emergen	wiew and update its or include coordination of management agencies.  In 09/06/18 at 12:28 P.M. hager and the Intellectual irector they were asked for Communication Plan being The staff stated, they had mmunication Plan to on of care with Emergency of the training of the staff stated and update and the staff stated and update and the staff stated and local laws and updated at least unication plan must include the following: ribal, regional, and aredness staff. If assistance.  In the following:  In the f		Highland Place Emergency Plan include an emergency officials' list. Annex C-Communication I reviewed and updated on 9/19/1 include an Emergency Directory plan states "The CIBH's communication resources will be utilized to communicate and coccare with Emergency Manageme Services. Emergency contact information for staff, entities proservices under agreement, Indiviprimary care physician and neighfacilities is included in Emergen Directory (attachment C1)." State trained on updates by 10/05/1	contact Plan was 8 to 7. The e ordinate ent oviding idual's hboring cy aff will	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:T73I11

Facility ID: VAICFID71

If continuation sheet Page 14 of 21 PRINTED: 09/12/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  A BLIDE		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G063	B WING_		09/07/2018		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	03/01/2010		
HIGHLAND	OS PLACE WEST			CHESAPEAKE, VA 23320			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			
	Ombudsman.  (iv) Other sources of a *[For ICF/IIDs at §483 information for the folk (i) Federal, State, tri local emergency preparation of the sources of (iii) Other sources of (iii) The State Licensia (iv) The State Protect This STANDARD is not Based on record reviet facility staff failed to define the sources of the state of t	assistance.  .475(c):] (2) Contact owing: bal, regional, and aredness staff. assistance. ng and Certification Agency. cion and Advocacy Agency. of met as evidenced by: w and staff interview, the occurrent emergency nation in the communication	E	031			
E 034	with the Program Man Residential Service Difor documentation of the Emergency Officials of staff stated, they had recommunication Plan to Officials contact information on Occupation on Occupation (CFR(s): 483.475(c)(7)	o include Emergency nation.  o document Emergency contact information. ncy/Needs  develop and maintain an ess communication plan eral, State and local laws and updated at least nication plan must	ΕO	34Occupancy policy was not include communication plan. The Emerge Preparedness Plan was reviewed a updated on 9/19/18. Annex C-Communication was updated to in Highlands Place's occupancy polic The plan states "In compliant with federal, state and local regulations	ency nd clude cy.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A BITONE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G063	B WING_		09/07/2018
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE DATE
E 034	about the [facility's] or ability to provide assis having jurisdiction, the Center, or designee.  *[For ASCs at 416.54(providing information its ability to provide as having jurisdiction, the Center, or designee.  *[For Inpatient Hospic of providing informatic inpatient occupancy, reprovide assistance, to jurisdiction, the Incide designee.  This STANDARD is nearly staff failed to he the facility's occupance facility staff failed to he the facility's occupance.  The findings included  During an interview of with the Program Mar Service Director, they documentation for ide facility, including the refacility's ability to prove Incident Command Conservice Director state	s of providing information cupancy, needs, and its tance, to the authority Incident Command  (c)]: (7) A means of about the ASC's needs, and sistance, to the authority Incident Command  e at §418.113:] (7) A means on about the hospice's needs, and its ability to the authority having nt Command Center, or ot met as evidenced by: ew and staff interview, the ave documentation about by needs and its ability to each of the esidents as well as the each enter. The Residential d, the facility had not fithe residents nor had	EOX	Occupancy reporting, Highlands will provide information to the cinchesapeake Health department, Endesapeake, Emergency Responsions Agencies, DBHDS and neighboring facilities of the policy of Highland Place. Highlands Place is a licentive bed ICF; however, the occup capacity of Highlands Place is six Highlands Place Policies and Procedures states "that due to Highlands Place being at nearly 100% capacity of Highlands Place is unable to prove assistance to neighboring facilitie housing transfer individuals." State trained on updates by 10/05/18 AOC Date-10/15/18	ty of EOC of se ng ds sed ancy t. ghlands city ride ss in aff will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDN:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G063	B WING		09/07/2018	
	ROVIDER OR SUPPLIER  DS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	Name	
E 034	Continued From page	15	E 03	<u> </u> 4		
F 000	and have means of pr the facility's needs and assistance.	SSSS KOUPES - VO ROOM (** PO SANCHERONIA)	500			
E 036	EP Training and Test CFR(s): 483.475(d)		E 03	6 Highlands Place's Emergency Preparedness Plan did not include	a	
	based on the emerge paragraph (a) of this sparagraph (a)(1) of the procedures at paragrathe communication placetion. The training abe reviewed and updates the sting. The ICF/IIDs at §483 testing. The ICF/IID man emergency preparagraph (a) of this statement of the ICF/IID man emergency preparagraph (a) of this statement of this statement of the ICF/IID man emergency preparagraph (a) of this statement of this statement of the ICF/IID man emergency preparagraph (a) of this statement of this statement of the ICF/IIDs at §483 testing.	an emergency and testing program that is ney plan set forth in section, risk assessment at is section, policies and aph (b) of this section, and an at paragraph (c) of this and testing program must ated at least annually.  i.475(d):] Training and aust develop and maintain edness training and testing on the emergency plan set		Preparedness Plan was reviewed a updated on 9/19/18. Annex F- Trand Testing was updated to a competency test. The plan states "Highlands Place conducts drills a mandated by DBHDS regulations including training, exercising the reporting the drill outcomes, reviet those reports and making modificate to the drill and procedures as nece Changes will be shared with all stawell as quarterly trainings on the	and aining drill, ewing ations	
	assessment at paragr policies and procedur section, and the comm paragraph (c) of this s testing program must at least annually. The requirements for evac §483.470(h).	aph (a)(1) of this section, es at paragraph (b) of this		Emergency Preparedness Plan inc a competency test (attachment T1) Staff will be trained on updates by 10/05/18.  AOC Date-10/15/18	)."	
	testing, and orientation develop and maintain preparedness training orientation program th	n. The dialysis facility must an emergency testing and patient				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLEN:		(X3) DATE SURVEY COMPLETED	
		49G063	B WING_		09/07/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
	this section, policies a (b) of this section, and paragraph (c) of this s and orientation progra updated at least annu This STANDARD is in Based on record reviet facility staff failed to he preparedness training. The findings included During an interview or the Program Manager Director, they were as facility's Emergency Program. The Resider the facility did not have Preparedness testing. The facility staff failed Preparedness testing EP Testing Requireme CFR(s): 483.475(d)(2) (2) Testing. The [facility, except for RN all of the following:  *[For LTC Facilities at The LTC facility must the emergency plan a unannounced staff dri	ent at paragraph (a)(1) of and procedures at paragraph the communication plan at ection. The training, testing an must be reviewed and ally.  ot met as evidenced by: ew and staff interview the ave an emergency and testing program.  :  109/06/18 at 1:27 P.M. with and Residential Service ked for documentation of the reparedness testing at all Service Director stated, a Emergency program.  to have a Emergency program.	EO	39A full scale evacuation was compon June 14, 2018 due to failure of units. A risk analysis was not completed on drill. The Emerger Preparedness Plan was reviewed updated on 9/19/18. The Plan sta Highlands Place will conduct a ri analysis with associated strategie any event causing disruption or h potential to cause disruption in th normal operational services of Highlands Place. The Emergence	AC acy and tes " sk s in as the	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLUNC	CONSTRUCTION	(X3) DATE COMPI	5 T (EE) - 2 G (EE) -
			A BUNC			
	Seeki	49G0 <del>6</del> 3	B WING_		09/0	7/2018
NAME OF PE	ROVIDER OR SUPPLIER		17762	STREET ADDRESS, CITY, STATE, ZIP	22 07 4300	36
	S PLACE WEST			CODE 1825 ROKEBY AVENUE		
HIGHLAND	S PLACE WEST			CHESAPEAKE, VA 23320		277 1.77
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	3	COMPLETION DATE
T A G	TIZGE/TOTT OT	eso iserrin inia ni orimi morij		DEFICIENCY)		100074886997334
			a	will be reviewed and updated in		2.22 (2.5. 1.
E 039	Continued From page	17	ΕC	39accordance with the risk analysis	of	
			10	each event."		
		l-scale exercise that is	1			
		when a community-based				
	exercise is not acces					
		facility] experiences an		AOC D 10/15/10		
		-made emergency that		AOC Date-10/15/18		
	[facility] is exempt fro	the emergency plan, the				
		individual, facility-based				
	full-scale exercise for					
	onset of the actual ex					
	(ii) Conduct an additio	nal exercise that may				
	include, but is not limit	UES.				
	(A) A second full-so	cale exercise that is				
		ndividual, facility-based.				
		cise that includes a group				
	-	cilitator, using a narrated,				
		ergency scenario, and a set				
		s, directed messages, or				
	emergency plan.	esigned to challenge an	į			
	(iii) Analyze the [facilit	h/s) response to and				
		on of all drills, tabletop				
		ency events, and revise	1			
	the [facility's] emerger	•		왕	1	
	*(Eor DNUC)= =+ \$400	749 and ODOs =1				
	*[For RNHCIs at §403	ing. The [RNHCl and OPO]		Jii		
		es to test the emergency				
	plan. The [RNHCI and	and the second s				
1	following:	20.01		3		
	Filtran and Company of the Company o	ased, tabletop exercise at				
		etop exercise is a group		§		
ĺ		cilitator, using a narrated,				
	Account of the control of the contro	ergency scenario, and a set				
		s, directed messages, or				
		esigned to challenge an				
	emergency plan.			1		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDNS	CONSTRUCTION	COMPLETED	
		49G063	B WING	9 999	09/07/2018	
	OVIDER OR SUPPLIER		9	STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
E 039	to and maintain docuexercises, and emer the [RNHCl's and Offineeded. This STANDARD is Based on record revithe facility staff failed of the facility's full so analysis and responsionally in the findings included During an interview of the program Manager Director, they were as facilities full evacuation Service Director state conducted an analysis.  The facility staff fail	HCI's and OPO's] response umentation of all tabletop gency events, and revise PO's] emergency plan, as not met as evidenced by: iew and staff interview d to have documentation ale evacuation exercise se.  d:  n 09/06/18 at 1:43 P.M. with r and Residential Service sked for the analysis of the exercise. The Residential d, the facility had not so of the exercise.	E 03	9		
W 000	INITIAL COMMENT	e analysis and response. 'S	W 00	0		
	certification survey we through 9/7/18. The fa- compliance with 42 Of for Intermediate Care with Intellectual Disate Safety Code survey/r complaints were inve- The census in this 5 the survey was 5. The	acility was not in CFR Part 483 Requirements Facilities for Individuals pilities (ICF/IID). The Life				

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	MALTRE CONSTRUCTION A BLIDN:		(X3) DATE SURVEY COMPLETED	
		49G063	B WING		09/0	7/2018
	PROVIDER OR SUPPLIER  DS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)		(X5) COMPLETION DATE
W 317	must be gradually with a carefully monitored conjunction with the ir unless clinical evidence contraindicated.  This STANDARD is not be a seed on record reviet facility staff failed to he reduction for one Individual survey sample of the su	ol of inappropriate behavior hdrawn at least annually in program conducted in interdisciplinary team, ce justifies that this is ot met as evidenced by: ew and staff interview, the ave a gradual dose vidual (Individual #1) in two individuals.	W 31	The Interdisciplinary Team review 7documentation on medications, documentation on behavioral data physician's notes on a quarterly be A comprehensive review is complanted including recommendate Specially Constituted Committee of antipsychotic medication for updating of PCP. Individual #1 prescribing physician notes did not reflect a review of a recommendate with prescribing physician for post gradual drug dose reduction.  There is a potential for other individual drug dose reduction to be affected.  RN will review Individual #2, Individual #3, Individual #4 and Individual #5 physician orders for antipsychotic medications and chee EHR for potential of missing annudocumentation of gradual dose reduction if Individual physician's orders include antipsychotic medications.  In order to minimize the discrepant form this time forward, the nursin	and asis. leted ons of on use of tion ssible viduals	
3	behavior. Associated s difficulties and agitatio	symptoms include sleep in. Current treatment ints, antianxiety medication		will provide prescribing physician a written copy of recommendation from SCC and IDT on gradual dos reduction and if withdrawal is	with	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:T73I11

Facility ID: VAICFID71

If continuation sheet Page 21 of 21 PRINTED: 09/12/2018

SEP 2 5 2018 VDH/OLC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDIC_	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G063	B WING_		09/07/2018
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
W 317	'Comment: Today, the your medications." A orders and Psychothe 04/03/17 thru 08/09/1 dose reduction had be During an interview or with the Registered Ni Individual #1 had not I gradual dose reductio pharmacy recommend A review of the facility Facility Practices Drugradual drug withdraw sooner if warranted be established in the PC justifies that withdraw withdrawal is contrain physician will thoroug and evidence in the reannual basis."	n today's visit, indicated: ere were no changes to review of the physician's erapy Services notes from 8 did not indicate a gradual een conducted.  n 09/07/18 at 11:00 A.M. urse (RN) she stated, been evaluated for a in by her physician's or dations.  y's Individual behavior and g Use policy indicated: " A wal occurs annually or y progress to the criteria P, unless clinical evidence ral is contraindicated. If adicated, the prescribing thly document the rational esident's record on an	W 3	Contraindicated, the prescribing 17physician will document rational Recommendations from IDT metheld on September 19, 2918 will taken on next appointment to prescribing physician on October 2018 for possible gradual dose reduction.  AOC-10/15/18	eting be